

Strategies to improve clinician attendance at, and engagement with, Hospital Transfusion Committee (HTC) meetings

There are a number of hospitals that consistently achieve high attendance by clinicians at their Hospital Transfusion Committee meetings. These hospitals were asked to describe how they achieved this, and the following strategies were identified from the responses.

General principles

- Be **enthusiastic!**
- **Engage** senior management in the Trust and make the most of every opportunity to raise the profile of blood transfusion, for example via:
 - Nursing and Midwifery Committee
 - Healthcare Governance Committee
 - Trust educational sessions/grand rounds/clinical governance meetings.
- Talk to/invite the Director of Finance, who can provide a detailed financial **perspective** on transfusion to the committee and the clinicians.
- Write an annual HTC **report**; present it in person at senior committee level (e.g. Clinical Governance) to evidence the value and effectiveness of the HTC.
- **Publicise** the work of the HTC at every opportunity, for example in trust newsletters or in staff websites and publications.
- Headhunt potential members. Getting 'out and about' around the trust/hospital wherever possible, and effective **networking**, will make it easier to spot potential recruits.
- Use the '**one to one**', personal approach with key personnel. Emphasise the mutual benefits arising from the work of the HTC.
- Provide HTC members with role descriptions which outline the **commitment** required of them.
- Individually appeal to clinical leads or directorates, asking them to nominate a named person to attend (and a deputy if nominated person unavailable). Highlight why it is **important** that someone from their department attends.
- Any form of regular departmental **representative** is better than no-one at all; they can feed back any relevant matters to their department. This may be a senior nurse if no medical staff can attend a particular meeting.
- In the HTC Minutes, highlight specialties/members that do not attend, and/or **identify** them to the Chief Executive via the Clinical Governance Committee.
- **Regularly** review HTC attendance - do not be afraid to ask Directorates to nominate a new representative if the current one proves unreliable.
- The HTC may wish to offer to **collaborate** on local audits that are important to a clinical speciality, or are posing problems for the clinical area (obviously these should include transfusion issues). Input into this can help to gain credibility for the HTC and, in turn, support for the HTC.

The HTC meeting

- Timing – meetings held at 08.00 or 17.00 may tend to have a better **attendance** than those held midday.
- Providing lunch is no guarantee of a good attendance rate. The best incentive is getting specialties to take **ownership** of their blood use and get involved in decision making.
- Ensure the meetings run to **time** and the agenda is followed where possible - many clinicians are hard pressed for time away from the clinical environment, and may choose only to come to a section of the agenda that is relevant to their practice. This is better than them not attending at all.
- Introduce an **education** element to meetings.
- Target the transfusion **performance** of individual specialties, i.e. introducing an element of competition, by using audit data, blood use and wastage figures and trends.
- Make the meetings **relevant** for the clinical areas. Some members of the HTC may feel that meetings are not purposeful or productive, so the member does not see much point in attending – hence the need to focus as much of the meeting as possible on clinical issues.
- If there are incidents/SHOT reports to be discussed, then invite the Directorate concerned to the meeting. Ask them to **feedback** on their investigation findings, and describe what actions have been taken to prevent it happening again.
- Take transfusion **decisions** affecting specialties even in their absence. Should they object – point out that the decision was made by the HTC as this is the designated forum for such matters, and the decision will stand.
- Consider conducting a **survey** of HTC member's opinions on how best to structure the meeting, and what to include that is relevant/important to them.
- Regularly **review** how meetings are run, their frequency, how decisions are made, use of alternative means of communication etc.

and if the going gets tough

- Remind yourself of what you have **achieved**, e.g.: *development of policies; MSBOS; promotion and development of alternatives to transfusion; innovations in practice; education, training and competency assessments; national, regional and local audits; analysis of clinical incidents, and implementation of corrective and preventative actions (CAPA); surviving a MHRA inspection!*